


UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: 06/21/11		2 Serial/Patent # 6,025,490									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input type="checkbox"/>	Filing			\$							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/>	Petition 1599	PET.OP	02/04/10	\$ 4,120.00							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$4,120.00							
		8 TO BE REFUNDED BY: <u>Credit Card</u>									
10 REASON:		Treasury Check									
<input type="checkbox"/>	Overpayment	Credit Deposit A/C #:									
<input type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
Petition dismissed, no request for reconsideration filed.											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: Monica A. Graves		TITLE: Paralegal Specialist									
SIGNATURE: /Monica A. Graves/		PHONE: (571) 272-7253									
OFFICE: Office of Petitions											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: 		DATE: 6/27/11									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**